

**BEST AVAILABLE COPY**

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)</b>							SERIAL NO. _____		FILING DATE _____	
							APPLICANT(S) _____			
<b>CLAIMS</b>										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	
1	1						51			
2	1						52			
3	2						53			
4	1						54			
5	2						55			
6	1						56			
7	1						57			
8	1						58			
9	1						59			
10	1						60			
11	1						61			
12	1						62			
13	1						63			
14	1						64			
15	1						65			
16	1						66			
17	1						67			
18	1						68			
19	1						69			
20	1						70			
21	1						71			
22	1						72			
23	1						73			
24	1						74			
25							75			
26							76			
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39							89			
40							90			
41							91			
42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.	7						TOTAL IND.			
TOTAL DEP.	17	17					TOTAL DEP.			
TOTAL CLAIMS	26						TOTAL CLAIMS			